

Please rewrite the paragraph appearing at lines 2 through 12 of page 11 as follows:

1A2
The data obtained were expressed as group means \pm SEM (standard error of the mean) unless otherwise stated. Only data of infarcted hearts with an infarct area covering the major portion of the free heart wall of the left ventricle were included in the evaluation since smaller infarct areas are usually fully compensated hemodynamically. The data were analyzed by one-way analysis of variance (ANOVA) followed by post-hoc Bonferroni analysis. Differences in the structural parameters in moxonidine treated and untreated infarcted hearts were determined by Student t-test independently for the two groups.

REMARKS

The foregoing amendments are respectfully submitted to present linguistic clarifications in the specification.

If there are any questions regarding this amendment or the application in general, a telephone call to the undersigned would be appreciated since this should expedite the prosecution of the application for all concerned.

Respectfully submitted,

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Mark-up of amended paragraphs with deletions in brackets and insertions underlined:

The following studies were performed on male Wistar rats (270 to 320 g, Harlan Zeist, Netherlands). The rats were kept in rooms with a 12 h light/dark cycle and had free access to standard rat diet and water. The animals underwent coronary artery ligation (MI rats) or sham operation without ligation (sham rats). After 24 hours the MI rats were randomized and implanted with osmotic minipumps (Alzet, Model 2001) in order to administer moxonidine in a dose of 3 or 6 mg/kg_day s.c. (subcutaneously) or only [vehicle] operated on without pump implant. The moxonidine treatment was continued up to the end of the experiment three weeks after the surgical procedure.

The data obtained were expressed as group means \pm SEM (standard error of the mean) unless otherwise stated. Only data of infarcted hearts with an infarct area covering the major portion of the free heart wall of the left ventricle were included in the evaluation since smaller infarct areas are usually fully compensated hemodynamically. The data were analyzed by one-way analysis of variance (ANOVA) followed by post-hoc Bonferroni analysis. Differences in the structural parameters [of the vessels] in moxonidine treated and untreated infarcted hearts were determined by Student t-test independently for the two groups.

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